

Public Health, Seattle & King County  
Department Quality Improvement Committee 2002 Work Plan

Year 2002 Members:

Joan Haynes, Chair, QIC and Division Manager, Community Health Services  
Nancy Cherry, Chief of Nursing  
Willma Elmore, Assistant Chief of Nursing  
Dan Michaels, Clinical Dentist  
Dot McKim, Acting Site Manager, North PHC  
Margee Sigley, Provider, Columbia PHC  
Ethan Van Eck, Clinical Operations Manager  
Dean Webb, Chief of Pharmacy  
Lisa Werlech, Risk Manager  
John Weisman, Division Manager, Prevention  
Debbie Dick Shuster, Staff for QIC, Quality Improvement Coordinator

Category	Goal	Person	Work Plan
Leadership	1. Provide medical leadership	Joan	Identify interim Medical Director to fulfill immediate needs and then fill the position permanently
	2. Report to Leadership Group		Present QIC packet to Alonzo and then schedule a discussion with the LG.
Risk Management	1. Improve timeliness of reporting	Lisa	Reiterate training and provide guidelines for reporting incidents/accidents within forty-eight hours of the event.
Pharmacy	1. Reduce Jail medication error rate	Dean	Get pharmacy fully staffed and get all new staff members orientated and trained. Explore work design by the end of the 1 <sup>st</sup> quarter of 2002. The intent is to identify opportunities to distribute work so the Seattle facility will be able to process their work.  Starting the 2 <sup>nd</sup> quarter of 2002, do at least 1 QI audit per quarter with a focus on identified causes of medication incidents

Credentialling	1. Develop procedure for billing for provider services when the provider is not yet credentialled with insurers.	Willma	Design plan with Signature and Revenue Unit
	2. Expand peer review to Dental	Dan	
	3. Revise Peer Review Process	Willma	Review the process and the standards
Facilities/Safety	1. Assure safety of health care environments in CHS	Ethan	Continue with annual facilities check list review at the 10 CHS sites.
	1. 100% Blood born pathogen training	Rebecca	
	2. Safe Sharps Expansion	Rebecca	
	3. Update Employee immunization record	Rebecca	
	Begin Small Pox Immunization Plan	Rebecca	
Quality of Care	1. Quarterly Client Satisfaction Surveys	Ethan and Debbie	Continue with quarterly client satisfaction surveys. Standardize hours of operations Improve telephone access Implement clinic reengineering and access improvement
	2. Track client complaints	Debbie	Continue to tract complaints quarterly
	3. Evaluate Pap Smear improvement project	Debbie	
	4. Spread chronic care collaborative improvements to all primary care sites	Ethan	
Prevention	Expand facilities review to prevention clinics	John	Understand the HMC JCAHO accreditation process as it applies to facilities and determine if we need to do our own facilities review.

Dental	1. Implement administrative chart review at Dental Clinics	Dan	
	2. Develop orientation to Public Health practice for newly hired dentists	Dan	
Jail Health Services	1. Continue CQI studies to address NCCHC Accreditation Standards	Judith	Priority given to standards requiring a quarterly report in 2002
Nursing Services	1. Adopt models of public health nursing care using the Minnesota Model to apply to programs for delivery of best practices.	Nancy	
	2. Develop the content for a general nursing staff orientation and have all new staff attend within 3 months of hire.	Willma	
	3. By October 2002 provide training for staff in all divisions regarding the Research Administrative Review Committee [RARC] process.	Nancy	Educate staff who administer grants requiring Human Subjects Review that they need to go through the PHSKC administrative review performed by RARC.
Site QI Projects	1. Each site will have PITs	Debbie	Encourage and advise QI facilitators